

# PLATINUM PROTECTION TERM POLICY

## TABLE OF CONTENTS

<b>POLICY SPECIFICATIONS .....</b>	<b>3</b>
<b>TABLE OF VALUES .....</b>	<b></b>
<b>A - DEFINITIONS.....</b>	<b>6</b>
<b>B - GENERAL PROVISIONS.....</b>	<b>8</b>
B-1. CONTRACT.....	8
B-2. AMENDMENT .....	8
B-3. METHOD OF PREMIUM PAYMENT.....	8
B-4. CONTRACT PREMIUMS .....	8
B-5. PREMIUM PAYMENT PERIOD.....	8
B-6. TERM .....	8
B-7. CURRENCY AND PLACE OF PAYMENT .....	8
B-8. EFFECTIVE DATE OF POLICY .....	8
B-9. GRACE PERIOD .....	9
B-10. LAPSE .....	9
B-11. REINSTATEMENT.....	9
B-12. ASSIGNMENT .....	9
B-13. BENEFICIARY .....	10
B-14. IF NO DESIGNATED BENEFICIARY.....	10
B-15. OWNER .....	10
B-16. INCONTESTABILITY.....	10
B-17. MISSTATEMENT OF AGE OR SEX.....	11
B-18. FALSE STATEMENT - SMOKING STATUS.....	11
B-19. SUICIDE .....	11
B-20. NON-PARTICIPATING POLICY .....	11
B-21. CHANGE FROM SMOKER TO NON-SMOKER PREMIUM CLASS.....	11
B-22. NOTICE AND CORRESPONDENCE.....	11
B-23. ACCESS TO PERSONAL INFORMATION.....	11
B-24. RIGHT TO CANCEL POLICY AT NO CHARGE .....	12
B-25. TERMINATION BY THE OWNER.....	12
B-26. COMPLIANCE WITH THE LAW .....	12

<b>C - PROVISIONS GOVERNING BENEFITS</b> .....	<b>13</b>
C-1. DEATH BENEFIT .....	13
C-1.1. BENEFIT .....	13
C-1.2. ENTITLEMENT TO BENEFIT.....	13
C-2. TERMINAL ILLNESS BENEFIT .....	13
C-2.1. BENEFIT .....	13
C-2.2. ENTITLEMENT TO BENEFIT.....	13
C-2.3. EXCLUSIONS .....	14
C-3. TRANSPORTATION BENEFIT .....	14
C-4. EXAMINATION, OBTAINING MEDICAL INFORMATION AND AUTOPSY .....	15
C-5. CLAIMS .....	15
C-6. APPEAL .....	15
C-7. LIMITATION OF ACTIONS .....	15
C-8. SETTLEMENT OPTIONS.....	15
<b>D - PROVISIONS GOVERNING THE CONVERSION PRIVILEGE</b> .....	<b>16</b>
<b>E- PROVISIONS GOVERNING AUTOMATIC RENEWAL</b> .....	<b>17</b>
E-1. ATTACHED RIDERS.....	17
E-2. RENEWAL PREMIUM RATES PER \$1,000.00.....	18
<b>F- POLICY TERMINATION</b> .....	<b>20</b>
<b>OTHER ATTACHED DOCUMENTS</b>	
<b>RIDERS</b> .....	.....
<b>APPLICATIONS</b> .....	.....

## A - DEFINITIONS

In this **Policy**, unless otherwise specified:

- A-1. Age** means the **Age** of the **Insured** on his or her birthday nearest the **Date of Issue** of the **Policy** or of any attached **Rider**, as applicable, as indicated in the **Policy Specifications**.
- A-2. Amount Due** means any premium due and unpaid on the contract.
- A-3. Application** means any insurance application attached to the contract.
- A-4. Assumption Life, "we", "us" and "our"** refer to Assumption Mutual Life Insurance Company.
- A-5. Attained Age** means the sum of (i) the **Age** on the **Date of Issue** of the **Policy** or of any attached **Rider**, as applicable; and (ii) the number of complete years of insurance from the **Date of Issue** of the **Policy** or of any attached **Rider**, as applicable.
- A-6. Beneficiary** means the person or persons to whom the Death Benefit is payable and who have been so designated in the **Application** or will be so designated at a later date as provided for in the **Policy**.
- A-7. Date of Issue** means the Effective Date of the **Policy** or of any attached **Rider**, as applicable, as indicated in the **Policy Specifications**.
- A-8. Head Office** means **Assumption Life's** offices at 770 Main Street, P.O. Box 160, Moncton, New Brunswick E1C 8L1 or any other address **Assumption Life** may provide in writing to the **Owner** as its head office or principal place of business. You may contact the **Head Office** by telephone during normal business hours at 506-853-6040 or 1-800-455-7337.
- A-9. Immediate Family** means the spouse, child, brother, sister, parent, grandparent or grandchild of the **Insured** or the **Owner** and the child, brother, sister or parent of the **Insured's** spouse or the **Owner's** spouse.
- A-10. Insured** means the person **insured** under the **Policy** or any attached **Rider**, as applicable, and designated as such in the **Policy Specifications**.
- A-11. Owner** means any person designated as such in the **Application** or subsequently designated in accordance with the provisions of the contract. "**You**" and "**your**" refer to the **Owner**.
- A-12. Physician** means an individual who holds a valid license from the College of Physicians and Surgeons from the province or territory within which the individual is practicing in Canada or a valid license in the United States to practice medicine and treat illnesses and injuries and who practices under the terms of that license. **Physician** does not include the **Insured**, the **Owner**, a person who is a member of the **Insured's** or the **Owner's Immediate Family** or an individual who holds any other health-related license or degree.
- A-13. Policy** means this **Policy**, excluding any attached **Rider** and Applications.
- A-14. Policy Anniversary** means the anniversary of the **Date of Issue** of the **Policy**. Policy years are calculated from the **Date of Issue** of the **Policy**.
- A-15. Policy Specifications** means the information pertaining to the **Policy** and to any attached **Rider**, as applicable, indicated in the **Policy Specifications**.
- A-16. Principal Residence** means the last known address of the **Insured**.

**A-17. Rider** means any document identified as “**Rider**” that provides for additional life insurance or benefits applied for by the **Owner** and that we issue and approve and which is an integral part of the **Policy**, only when indicated in the **Policy Specifications**. **Rider** also means any amendment or exclusion identified as “**Rider**” that we issue and approve and that is accepted by the **Owner**, and by the **Insured**, if applicable.

**A-18. Sound Mind** means the state of mind of the **Insured** who is not prevented from forming intent due to the influence of narcotics, drugs, medication or alcohol, or of any psychological, nervous or medical disorder or state.

**A-19. Sum Insured** means the amount of term life insurance under the **Policy** or any attached **Rider**, as applicable, payable on the death of the **Insured**, as indicated in the **Policy Specifications**, as modified pursuant to this **Policy**.

**A-20. Terminal Illness** means an incurable medical condition that will result in the death of the **Insured** within 12 months following the date of the **Physician’s** statement.

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## B - GENERAL PROVISIONS

### B-1. CONTRACT

The contract is comprised of the **Policy** and of any attached **Riders**, amendments and copies of Applications. If the contract lapses and is subsequently reinstated, the written notice of reinstatement becomes an integral part of the contract.

### B-2. AMENDMENT

**Assumption Life** will not be bound by any agreement, promise, Application, representation or understanding that is not expressly contained in the contract. Only **Assumption Life's** President and Chief Executive Officer is authorized to amend the contract and its terms and conditions, and only then, in writing. No broker, **agent** or other representative is authorized to modify any of the provisions of the contract.

### B-3. METHOD OF PREMIUM PAYMENT

Premiums are payable at our **Head Office** on an annual, semi-annual, quarterly or monthly basis, subject to our administrative rules. The first premium is due on the **Date of Issue**. Each subsequent premium is due at the end of the period covered by the previous premium.

You may, at any time, request that the method of premium payment indicated in the **Policy Specifications** be changed, subject to our administrative rules.

### B-4. CONTRACT PREMIUMS

The annual premiums of the **Policy** and of any attached **Rider**, as applicable, are indicated in the **Policy Specifications** and are guaranteed, unless otherwise indicated in the contract. The said annual premiums are guaranteed for the term specified and are subject to section "Provisions Governing Automatic Renewal" of the **Policy**. If the **Policy** or any attached **Rider**, as applicable, terminates, the annual premiums payable under the contract will be reduced accordingly.

### B-5. PREMIUM PAYMENT PERIOD

Premiums of the **Policy** and of any attached **Rider**, as applicable, are payable until the dates indicated in the **Policy Specifications**, subject to section "Provisions Governing Automatic Renewal" of the **Policy**.

### B-6. TERM

The **Policy** is a renewable and convertible level term life insurance issued for an initial term whose duration is indicated in the **Policy Specifications**.

### B-7. CURRENCY AND PLACE OF PAYMENT

Amounts to be paid by or to us will be in Canadian dollars. Premiums payable under the contract must be remitted to our **Head Office**.

### B-8. EFFECTIVE DATE OF POLICY

The **Policy** takes effect on the latest of the following dates:

- (a) the date we approve the **Application** without amendment or restriction;
- (b) the **Date of Issue**; or
- (c) the date the **Insured** signs an amendment or restriction to the **Application** at our request,

provided that on that date:

- (a) the first premium has been paid during the lifetime of the **Insured**;
- (b) no change has occurred with respect to the insurability of the **Insured** since the signing of the Application; and
- (c) any information or answer provided in the **Application** remains complete and true.

#### **B-9. GRACE PERIOD**

Except for the payment of the first premium, a grace period of 30 days is granted for premium payment. The contract remains in force during this grace period, subject to any other cause of termination or cancellation. If the **Insured** dies during the grace period, the amount of any outstanding premium will be deducted from the Death Benefit payable.

#### **B-10. LAPSE**

Subject to the grace period provided for in the **Policy**, the contract lapses and our obligations hereunder automatically cease if premiums remain unpaid after the grace period.

#### **B-11. REINSTATEMENT**

The **Policy** and any attached **Rider**, as applicable, may be reinstated upon fulfillment of all of the following conditions:

- (a) you request reinstatement in writing within three years following their lapse;
- (b) satisfactory proof of insurability of all the **Insureds** and for any insured child, if applicable, is provided to us;
- (c) you pay all outstanding premiums with interest at a rate permitted by law and compounded annually; and
- (d) we have not received written notice requesting termination of the **Policy** or of any attached **Rider**, as applicable.

The reinstatement of the **Policy** or any attached **Rider**, as applicable, will not extend the duration of the contract or the expiry date of the **Policy** or of any attached **Rider**, as applicable, beyond the expiry dates indicated in the **Policy Specifications**, subject to section "Provisions Governing Automatic Renewal" of the **Policy**.

The reinstatement of the **Policy** or any attached **Rider**, as applicable, will not apply to any part of the **Sum Insured** under the **Policy** or of any attached **Rider**, as applicable, through which you have exercised your Conversion Privilege.

#### **B-12. ASSIGNMENT**

You may assign the contract by written notice filed at our **Head Office**. The assignment, however, will not have any effect on measures we may have taken before receiving such notice. We assume no liability with respect to the validity of such assignment.

### **B-13. BENEFICIARY**

Unless the **Beneficiary** has been designated irrevocably, and subject to any legal restrictions, you may, during the **Insured's** lifetime, change the **Beneficiary** by way of a written notice sent to our **Head Office**. The change will take effect on the date the notice is signed, whether the **Insured** is living or not on the date such notice is received. However, the change will not have any effect on any measures we may have taken before receiving such notice. We assume no liability with respect to the validity of the change of **Beneficiary**.

Consent from the irrevocable **Beneficiary** is required when you submit a request for a change of beneficiary or when you dispose of your rights under the contract.

### **B-14. IF NO DESIGNATED BENEFICIARY**

Should there be no designated **Beneficiary** on the death of the **Insured**:

- (a) you, as **Owner**, become the **Beneficiary**;
- (b) if you are both the **Insured** and the sole **Owner**, your estate will become the **Beneficiary**, unless otherwise specified; or
- (c) if there are multiple **Owners** and one of you is the **Insured**, the **Owner(s)** will become the **Beneficiary(ies)**, unless otherwise specified.

### **B-15. OWNER**

Subject to any legal restrictions, you may change the **Owner** of the contract by written notice during the **Insured's** lifetime. The change will take effect on the date the notice is signed, whether the **Insured** is living or not on the date such notice is received. However, the change will not have any effect on any measures we may have taken before receiving such notice. We assume no responsibility with respect to the validity of the change of **Owner**.

In the event of multiple **Owner**, the remaining living **Owner(s)** shall automatically become (sole) **Owner(s)** of the contract upon the death of one of the **Owners**, unless otherwise specified.

### **B-16. INCONTESTABILITY**

Except in the case of fraud or in the case of misrepresentation with regard to the use of tobacco, nicotine, marijuana mixed with nicotine or e-cigarettes or in the case of misstatement of the **Age** or sex of the **Insured**, we will not contest the **Policy** for misrepresentation or failure to inform us of all material facts in connection with the insurance after the **Policy** has been in force during the **Insured's** lifetime for a period of two years from the later of the following dates:

- (a) the **Date of Issue** of the **Policy**; or
- (b) the date the last reinstatement was approved.

The preceding paragraph does not apply to the **Terminal Illness** Benefit, for which we reserve the right to contest at any time.

Any misrepresentation or failure to inform us of all material facts in connection with the insurance may render the **Policy** voidable at our option within two years from the later of the above dates. Fraud will automatically render this contract void and no premiums will be reimbursed. No Death Benefit will be payable in either case.

#### **B-17. MISSTATEMENT OF AGE OR SEX**

If the **Age** or sex of the **Insured** has been misstated, we will adjust the benefit payable to the amount that would have been payable had the **Insured's Age** or sex been correctly stated on the **Date of Issue**. If, on the **Date of Issue** of the **Policy**, the **Age** of the **Insured** was outside the applicable **Age** limits, the **Policy** will be deemed void, subject to any legal restrictions. In the event of fraud, no premiums will be reimbursed.

#### **B-18. FALSE STATEMENT - SMOKING STATUS**

If, with respect to the **Insured**, the statements provided in an **Application** with regard to the use of tobacco, nicotine, marijuana mixed with nicotine or e-cigarettes are erroneous, the **Policy** terminates and no Death Benefit is payable. Our liability will be limited to the reimbursement of premiums paid for the **Policy** during the 12 months preceding the termination of the **Policy**. In the event of fraud, no premiums will be reimbursed.

#### **B-19. SUICIDE**

If the **Insured** commits suicide, whether or not he or she is of **Sound Mind** at the time, within two years from the later of:

- (a) the **Date of Issue** of the **Policy**; or
- (b) the date the last reinstatement was approved,

the Death Benefit provided for in the **Policy** will not be paid to the **Beneficiary**. We will only pay to the **Beneficiary** a Death Benefit equal to the sum of all premiums paid from the later of the above dates with respect to the **Policy**.

#### **B-20. NON-PARTICIPATING POLICY**

The **Policy** is non-participating; therefore, no dividends are payable on the contract.

#### **B-21. CHANGE FROM SMOKER TO NON-SMOKER PREMIUM CLASS**

If the **Policy** or any attached **Rider**, as applicable, was issued under the smoker premium class, you may, at any time, ask for a change to non-smoker premium class upon presentation of the satisfactory evidence we may require.

#### **B-22. NOTICE AND CORRESPONDENCE**

Any notice or correspondence to be delivered will be sent to the last mailing or e-mail address that you have provided us. Any postal or e-mail communication sent to you will be deemed received seven days after it has been sent.

Any notice that you must give us may be delivered by mail, messenger, fax or any form of electronic transmission. Certain restrictions apply when sending forms that must be signed in your own handwriting. All communication with us will be deemed received on the date of receipt at our **Head Office** located in Moncton, New Brunswick.

#### **B-23. ACCESS TO PERSONAL INFORMATION**

Any claim under the terms of the **Policy** or of any attached **Rider**, as applicable, must be submitted in writing and supported by the relevant documents. We reserve the right to request any information that we deem relevant in support of said claim.



At the time of processing a claim, personal information concerning the **Insured**, including medical information on the **Insured's** state of health, will be required.

No amount will be paid in the event that the **Insured** or the **Insured's** estate, legal guardian or personal representative refuses to consent to the disclosure of personal information pertaining to the **Insured** that are necessary for claim processing purposes.

#### **B-24. RIGHT TO CANCEL POLICY AT NO CHARGE**

You have 10 days following receipt of your contract to review it and cancel it without incurring any fees or penalty, provided that we receive a written notice to that effect at our **Head Office** within the timeframe specified. Upon receipt of your cancellation notice within the timeframe specified, we will reimburse the full amount of premiums paid. Your contract will be considered null and void as of the **Date of Issue** and no benefit will be payable.

#### **B-25. TERMINATION BY THE OWNER**

You may, at any time, terminate this contract with a written notice to terminate by sending it to us by mail at our **Head Office**. Any premium paid after the termination date indicated in the notice or the date the notice is received, whichever is the later, will be reimbursed.

#### **B-26. COMPLIANCE WITH THE LAW**

Any provision of the contract that, on the Effective Date, does not comply with the applicable legislation in the province or territory in which the contract was issued, will be amended so as to meet the minimum requirements of that legislation.

## C - PROVISIONS GOVERNING BENEFITS

### C-1. DEATH BENEFIT

#### C-1.1. BENEFIT

The Death Benefit of the **Policy** is equal to the **Sum Insured** at time of death. The Death Benefit is payable to the **Beneficiary** on the death of the **Insured** and upon receipt of the proofs as set out below under the heading "Entitlement to Benefit".

Any **Amount Due** on the death of the **Insured** will be deducted from the Death Benefit.

#### C-1.2. ENTITLEMENT TO BENEFIT

In order for the Death Benefit of the **Policy** to be paid, the following proofs must be provided to us:

- (a) satisfactory proof that the death of the **Insured** occurred while the **Policy** was in force;
- (b) a **Physician's** statement confirming the cause and circumstances of death of the **Insured**;
- (c) satisfactory proof of the **Age** of the **Insured**; and
- (d) satisfactory proof of the claimant's right to the Death Benefit of the **Policy**.

### C-2. TERMINAL ILLNESS BENEFIT

#### C-2.1. BENEFIT

The Terminal Illness Benefit of the **Policy** is equal to 50% of the **Sum Insured** at time the benefit is exercised, up to a maximum of \$125,000. The Terminal Illness Benefit is payable to the **Owner** upon diagnosis of the **Insured's Terminal Illness** by a **Physician** and upon receipt of the proofs as set out below under the heading "Entitlement to Benefit".

Any **Amount Due** on the date of disbursement of this benefit will be deducted from the amount payable.

The **Sum Insured** will therefore be reduced by the amount paid under this benefit. Upon the death of the **Insured**, the amount payable under the Death Benefit will then be reduced accordingly.

Even if the **Sum Insured** is reduced following payment of this Terminal Illness Benefit, the **Policy's** premium remains calculated on the initial **Sum Insured** and is payable in the same manner and frequency.

#### C-2.2. ENTITLEMENT TO BENEFIT

Subject to the written consent of any irrevocable **Beneficiary** and subject to the rights of any assignee:

- (a) the Terminal Illness Benefit is payable only once for the **Insured**, regardless of subsequent occurrence of the same or a different condition; and
- (b) the **Insured** must only have consulted a **Physician** for one or more symptoms related to the **Terminal Illness** on or after the 180<sup>th</sup> day from the later of the following dates:
  - (i) the **Date of Issue** of the **Policy**; or
  - (ii) the date the last reinstatement was approved.

No Terminal Illness Benefit will be paid unless two years or more have elapsed since the later of the following dates:

- (a) the **Date of Issue** of the **Policy**; or
- (b) the date the last reinstatement was approved.

No Terminal Illness Benefit will be paid unless we receive written proof of the **Insured's Terminal Illness**. Written proof includes a properly completed claim form and a **Physician's** statement satisfactory to us. We reserve the right to request additional medical information from any **Physician** or medical institution that may have provided treatment for the **Terminal Illness**. We may require, at our own expense, an additional examination by a **Physician** of our choice. If there is a discrepancy between medical opinions, the opinion of our **Physician** will prevail.

We must receive a written notice of claim within one year after the date the **Insured** is diagnosed with a **Terminal Illness**.

### C-2.3. EXCLUSIONS

No Terminal Illness Benefit will be paid if the **Insured's Terminal Illness** results directly or indirectly from any of the following, whether or not the **Insured** or the **Owner**, as applicable, is of **Sound Mind** at the time:

- (a) a self-inflicted injury;
- (b) an attempted suicide;
- (c) the commission or attempted commission of a criminal act by the **Insured**; or
- (d) any **Terminal Illness** of the **Insured** caused by the **Owner's** intentional acts.

No Terminal Illness Benefit will be paid for any condition that is not diagnosed as a **Terminal Illness**.

### C-3. TRANSPORTATION BENEFIT

Should a **Rider**, offering a Transportation Benefit, be an integral part of this **Policy**, this benefit shall only be payable once, either under the **Policy** or under the **Rider**, but not under both.

The Transportation Benefit of the **Policy** is equal to the cost of transporting the **Insured's** body or remains to his **Principal Residence**, under normal transportation methods. The Transportation Benefit is payable to the **Beneficiary** if the **Insured** dies more than 200 km from his **Principal Residence** and subject to the following:

- (a) the total amount allowable under this Transportation Benefit will not exceed Two Dollars in Canadian currency per kilometer, up to a maximum of \$2,000.00 in Canadian currency;
- (b) a Transportation Benefit shall not be paid to the **Beneficiary** under a **Rider** which is an integral part of this **Policy**;
- (c) the cost of the casket is excluded from this benefit;
- (d) the death occurred after the second **Policy** Anniversary;
- (e) the expenses for which reimbursement is requested are deemed reasonable and necessary by us; and
- (f) the person making the claim provides proof satisfactory to us of the expenses incurred in the preparation of the **Insured's** body for burial and the transportation of the **Insured's** body to the place of burial.

No Transportation Benefit will be paid if the **Insured** dies within two years following the later of the following dates:

- (a) the **Date of Issue** of the **Policy**; or
- (b) the date the last reinstatement was approved.

We must receive written notice of claim under this Transportation Benefit within 12 months following the death of the **Insured**.

#### **C-4. EXAMINATION, OBTAINING MEDICAL INFORMATION AND AUTOPSY**

We reserve the right to request additional medical information from any **Physician** or medical institution that may have provided treatment to the **Insured**, or to require an autopsy on the body of the deceased **Insured**, subject to the limitations of the law. In the event of refusal or failure to provide the proofs requested, we will not be bound to pay any amount claimed.

#### **C-5. CLAIMS**

All claims must be submitted in writing and received at our **Head Office** within 12 months following the death of the **Insured**. For additional information regarding our claim procedures or to request the relevant forms, you may contact us by telephone at 506-853-6040 or 1-800-455-7337. You may also contact us by mail at the following address: **Assumption Life**, 770 Main Street / P.O. Box 160, Moncton NB, E1C 8L1, by fax at 1-855-230-2500 or by e-mail at: [claims@assumption.ca](mailto:claims@assumption.ca).

#### **C-6. APPEAL**

Anyone claiming to be entitled to a benefit and disagreeing with a refusal to pay a claim, may ask for a review within 30 days from the date of the decision by sending us a written request and attaching any new supporting document.

A review will be undertaken and we will advise this person of our decision within 60 days of receiving the written request accompanied by any new supporting document.

#### **C-7. LIMITATION OF ACTIONS**

An action or proceeding against us for the recovery of a claim under the contract shall not be initiated more than one year after the date the benefit became payable or would have become payable if a valid claim had been presented.

For a contract issued in British Columbia or Alberta, every action or proceeding for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act*, RSBC 2012, c 1 or the *Insurance Act*, RSA 2000, c I-3, respectively.

For a contract issued in Ontario, every action or proceeding against an insurer for the recovery of insurance money payable under the contract is prescribed by the time frame set out in the *Limitations Act, 2002*, SO 2002, c 24, Sched B.

#### **C-8. SETTLEMENT OPTIONS**

The benefit payable upon the death of the **Insured** may be paid by cheque or by direct deposit in a lump sum, left on deposit with interest, used to purchase an immediate annuity or a variable deferred annuity, or settled in any other manner prescribed by law and which we have approved.

## D - PROVISIONS GOVERNING THE CONVERSION PRIVILEGE

You may convert the current **Policy**, without proof of insurability, to a permanent life insurance policy (the "Converted Policy") we offer with respect to this conversion privilege (the "Conversion Privilege"). All of the following conditions must be fulfilled:

- (a) the current **Policy** is in force on the date of conversion;
- (b) at least one year has elapsed since the **Date of Issue** of the current **Policy**; and
- (c) the **Application** for conversion is received at our **Head Office** before the **Policy Anniversary** nearest the 75<sup>th</sup> birthday of the **Insured Policy**, regardless of the last renewal date.

The Converted Policy resulting from this conversion is subject to the following conditions and limitations:

- (a) the amount of life insurance of the Converted Policy is equal to or less than the **Sum Insured** under the current **Policy** as of the date of conversion and is not lower than the minimum amount we require for the Converted Policy;
- (b) the premium of the Converted Policy is based on the sex and the **Age** of the **Insured** as of the **Date of Issue** of the Converted Policy, in accordance with the premium rate in force on such **Date of Issue**; and
- (c) the premium class, smoker or non-smoker, of the current **Policy** applies to the Converted Policy if this premium class is available at that time.

Satisfactory proof of insurability will be required for the addition of any **Rider** to the Converted Policy and will be subject to our approval.

Conversion of the current **Policy** terminates the said current **Policy** and any attached **Rider**. If only part of the **Sum Insured** under the current **Policy** is converted, you may choose to keep the current **Policy** in force for the remaining **Sum Insured**, only if it is not lower than the minimum amount we require for the current **Policy** and if indicated clearly in your application for conversion.

## E- PROVISIONS GOVERNING AUTOMATIC RENEWAL

The **Policy** is issued for the duration of the initial term indicated in the **Policy Specifications** and may be renewed for additional periods of the same duration as the initial term. However, the expiry date of the **Policy** may not exceed the **Policy Anniversary** nearest the 90<sup>th</sup> birthday of the **Insured Policy**, regardless of the date of the latest renewal.

Renewals for the **Sum Insured** are automatic, provided the contract is in force and the first premium for the new additional period is paid within 31 days following the end of the previous term.

The renewal premium rates per \$1,000.00 illustrated on pages 18 and 19 are guaranteed. Upon renewal, the premium rate with respect to the **Policy** is based on the **Attained Age** of the **Insured** in accordance with the term selected and premium class.

Annual policy fees apply to renewal premiums.

### E-1. ATTACHED RIDERS

Any **Rider** attached to the **Policy** will be automatically renewed upon automatic renewal of the **Policy**. Premiums and expiry dates for these **Riders** will be maintained.

**E-2. RENEWAL PREMIUM RATES PER \$1,000.00**

**PLATINUM PROTECTION TERM**

Minimum Sum Insured: 18 to 44 years old: \$50,000.00

45 to 70 years old: \$25,000.00

Maximum Sum Insured: 18 to 70 years old: \$500,000.00

Premium Class:	TERM							
	10 years				20 years			
	Non-Smoker		Smoker		Non-Smoker		Smoker	
Attained Age	Male	Female	Male	Female	Male	Female	Male	Female
28	3.19	2.97	4.02	3.33	-	-	-	-
29	3.22	3.01	4.21	3.39	-	-	-	-
<b>30</b>	<b>3.24</b>	<b>3.05</b>	<b>4.39</b>	<b>3.45</b>	-	-	-	-
31	3.26	3.09	4.57	3.51	-	-	-	-
32	3.29	3.13	4.76	3.57	-	-	-	-
33	3.31	3.16	4.94	3.64	-	-	-	-
34	3.34	3.20	5.13	3.70	-	-	-	-
<b>35</b>	<b>3.36</b>	<b>3.24</b>	<b>5.31</b>	<b>3.76</b>	-	-	-	-
36	3.43	3.31	5.66	4.01	-	-	-	-
37	3.50	3.38	6.01	4.26	-	-	-	-
38	3.57	3.46	6.36	4.52	2.97	2.60	7.60	5.45
39	3.64	3.53	6.71	4.77	3.42	3.04	8.63	6.24
<b>40</b>	<b>3.71</b>	<b>3.60</b>	<b>7.06</b>	<b>5.02</b>	<b>3.87</b>	<b>3.48</b>	<b>9.66</b>	<b>7.03</b>
41	4.07	3.72	7.91	5.51	4.32	3.92	10.69	7.82
42	4.43	3.84	8.75	6.00	4.77	4.36	11.72	8.61
43	4.78	3.97	9.60	6.50	5.22	4.79	12.76	9.39
44	5.14	4.09	10.44	6.99	5.67	5.23	13.79	10.18
<b>45</b>	<b>5.50</b>	<b>4.21</b>	<b>11.29</b>	<b>7.48</b>	<b>6.12</b>	<b>5.67</b>	<b>14.82</b>	<b>10.97</b>
46	5.99	4.41	12.79	8.53	6.91	6.16	15.86	11.50
47	6.47	4.61	14.29	9.59	7.69	6.64	16.90	12.03
48	6.96	4.80	15.79	10.64	8.48	7.13	17.94	12.55
49	7.44	5.00	17.29	11.70	9.26	7.61	18.98	13.08
<b>50</b>	<b>7.93</b>	<b>5.20</b>	<b>18.79</b>	<b>12.75</b>	<b>10.05</b>	<b>8.10</b>	<b>20.02</b>	<b>13.61</b>
51	9.04	5.81	21.32	13.87	11.35	8.75	22.42	14.82
52	10.16	6.42	23.85	14.99	12.64	9.40	24.81	16.02
53	11.27	7.03	26.38	16.10	13.94	10.04	27.21	17.23
54	12.39	7.64	28.91	17.22	15.23	10.69	29.60	18.43
<b>55</b>	<b>13.50</b>	<b>8.25</b>	<b>31.44</b>	<b>18.34</b>	<b>16.53</b>	<b>11.34</b>	<b>32.00</b>	<b>19.64</b>
56	15.15	9.63	34.56	19.28	17.87	12.49	35.97	21.47
57	16.79	11.02	37.69	20.23	19.21	13.64	39.94	23.31
58	18.44	12.40	40.81	21.17	20.56	14.78	43.91	25.14
59	20.08	13.79	43.94	22.12	21.90	15.93	47.88	26.98

<b>60</b>	<b>21.73</b>	<b>15.17</b>	<b>47.06</b>	<b>23.06</b>	<b>23.24</b>	<b>17.08</b>	<b>51.85</b>	<b>28.81</b>
61	24.98	17.53	51.62	26.41	26.26	19.26	57.03	31.38
62	28.23	19.89	56.18	29.76	29.28	21.45	62.22	33.95
63	31.47	22.26	60.75	33.11	32.30	23.63	67.40	36.52
64	34.72	24.62	65.31	36.46	35.32	25.82	72.59	39.09
<b>65</b>	<b>37.97</b>	<b>26.98</b>	<b>69.87</b>	<b>39.81</b>	<b>38.34</b>	<b>28.00</b>	<b>77.77</b>	<b>41.66</b>
66	39.98	28.81	74.44	43.08	40.68	30.10	81.65	45.33
67	41.99	30.63	79.01	46.36	43.03	32.20	85.54	49.00
68	44.01	32.46	83.57	49.63	45.37	34.30	89.42	52.66
69	46.02	34.28	88.14	52.91	47.72	36.40	93.31	56.33
<b>70</b>	<b>48.03</b>	<b>36.11</b>	<b>92.71</b>	<b>56.18</b>	<b>50.06</b>	<b>38.50</b>	<b>97.19</b>	<b>60.00</b>
71	52.68	41.24	98.52	61.56	55.12	43.66	102.29	64.80
72	57.33	46.37	104.33	66.95	60.18	48.82	107.39	69.60
73	61.99	51.49	110.15	72.33	65.23	53.98	112.50	74.40
74	66.64	56.62	115.96	77.72	70.29	59.14	117.60	79.20
<b>75</b>	<b>71.29</b>	<b>61.75</b>	<b>121.77</b>	<b>83.10</b>	<b>75.35</b>	<b>64.30</b>	<b>122.70</b>	<b>84.00</b>
76	81.09	67.40	139.73	89.63	84.33	69.44	140.47	90.35
77	90.88	73.04	157.69	96.15	93.32	74.57	158.25	96.69
78	100.68	78.69	175.65	102.68	102.30	79.71	176.02	103.04
79	110.47	84.33	193.61	109.20	111.29	84.84	193.80	109.38
<b>80</b>	<b>120.27</b>	<b>89.98</b>	<b>211.57</b>	<b>115.73</b>	<b>120.27</b>	<b>89.98</b>	<b>211.57</b>	<b>115.73</b>
81	136.05	103.57	241.46	132.82	136.05	103.57	241.46	132.82
82	151.82	117.15	271.35	149.90	151.82	117.15	271.35	149.90
83	167.60	130.74	301.24	166.99	167.60	130.74	301.24	166.99
84	183.37	144.32	331.13	184.07	183.37	144.32	331.13	184.07
<b>85</b>	<b>199.15</b>	<b>157.91</b>	<b>361.02</b>	<b>201.16</b>	<b>199.15</b>	<b>157.91</b>	<b>361.02</b>	<b>201.16</b>
86	211.10	167.38	382.68	213.23	211.10	167.38	382.68	213.23
87	223.77	177.42	405.64	226.02	223.77	177.42	405.64	226.02
88	239.43	189.84	434.03	241.84	239.43	189.84	434.03	241.84
89	256.19	203.13	464.41	258.77	256.19	203.13	464.41	258.77



## F- POLICY TERMINATION

The **Policy** terminates on the earliest of:

- (a) the death of the **Insured**;
- (b) the end of the grace period, if any premium due under the contract remains unpaid;
- (c) the date we receive your written notice requesting the termination of the **Policy** or the date of termination requested in your notice, should this date be later;
- (d) the **Policy Anniversary** nearest the 90<sup>th</sup> birthday of the **Insured**, regardless of the last renewal date;
- (e) the expiry date of the **Policy** as indicated in the **Policy Specifications**, subject to section "Provisions Governing Automatic Renewal" of the **Policy**;
- (f) the date the Conversion Privilege is exercised on the entire **Sum Insured**.

Notwithstanding the preceding, on the death of the **Insured** under the **Policy**, if a life insurance **Rider** is an integral part of the **Policy** and the **Insured** under the **Rider** is not the same person as the **Insured** under the **Policy**, the contract remains in force for the **Insured** under the life insurance **Rider**.